

**APPLICATION DATA SHEET****Application Information**

Application number:: 10/007,795
Filing Date:: 11/09/01
Application Type:: ~~Non-Provisional~~ Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: No
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: A METHOD AND APPARATUS FOR
OBTAINING INFORMATION ABOUT A
DISPENSED FLUID, SUCH AS USING OPTICAL
FIBER TO OBTAIN DIAGNOSTIC
INFORMATION ABOUT A FLUID AT A
PRINthead DURING PRINTING
Attorney Docket Number:: 900122.427
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 14
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?:: No**First Applicant Information**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ~~United States~~US
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: E.
Family Name:: Weitzel
Name Suffix::
City of Residence:: Hamilton
State or Province of Residence:: NJ
Country of Residence:: ~~United States~~US
Street of mailing address:: 96 Wolfpack Road
City of mailing address:: Hamilton
State or Province of mailing address:: NJ
Country of mailing address:: ~~United States~~US
Postal or Zip Code of mailing address:: 08619

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ~~United States~~US
Status:: Full Capacity
Given Name:: Clifford
Middle Name:: A.
Family Name:: Forsythe
Name Suffix::
City of Residence:: Rockaway

State or Province of Residence:: NJ
 Country of Residence:: ~~United States~~US
 Street of mailing address:: 68 Drake Avenue
 City of mailing address:: Rockaway
 State or Province of mailing address:: NJ
 Country of mailing address:: ~~United States~~US
 Postal or Zip Code of mailing address:: 07866

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/247,432	11/09/00
This Application	Non-Provisional of	60/247,410	11/09/00

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	<u>Therics, Inc.</u>
Street of mailing address::	<u>115 Campus Drive</u>
City of mailing address::	<u>Princeton</u>
State or Province of mailing address::	<u>NJ</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>08540</u>

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